CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: WWYP

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

	PART	I - TO BE COMP	PLETED BY TH	IE STATE	SURVEY AGENCY	1	Facility ID: 003075
1. MEDICARE/MEDICAID PROVIDER N (L1) 155695 2.STATE VENDOR OR MEDICAID NO. (L2) 200364160	3. NAME AND ADDRESS OF FACILITY (L3) RIVERSIDE VILLAGE (L4) 1400 W FRANKLIN ST (L5) ELKHART, IN			(L6) 46516	4. TYPE OF ACTION: 2 (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint		
5. EFFECTIVE DATE CHANGE OF OWN (L9) 10/01/2006	7. PROVIDER/SUPPLIER CATEGORY 01 Hospital 05 HHA 09 ESRI						
6. DATE OF SURVEY 03/03. 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	/2011 (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 LAB 07 X-Ray 08 OPT/SP	10 NF 11 IMR 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDING	DATE: (L35)
11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds	97 (L18) 97 (L17)	X B. Not in Comp	ne With nuirements Based On: ecceptable POC	aivers:	And/Or Approved Waivers Of The 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNF) 5. Life Safety Code * Code: B*	6. Scope of Servi 7. Medical Direc	tor
14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 97 (L37) (L38)	19 SNF (L39)	ICF (L42)	IMR (L43)		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	(L15)	
16. STATE SURVEY AGENCY REMARK 4-4-11 This facility was found out o Revisits will be conducted. cl		deral participation req		ciencies cite			
17. SURVEYOR SIGNATURE	Date : 04/04/2011 (L19)			18. STATE SURVEY AGENCY AP	PROVAL	Date: 04/04/2011 (L20)	
	PART II - TO	BE COMPLETED	BY HCFA REC	GIONAL	OFFICE OR SINGLE STAT	TE AGENCY	
DETERMINATION OF ELIGIBILITY _X 1. Facility is Eligible to Part 2. Facility is not Eligible			PLIANCE WITH CIVITS ACT:	VIL.	21. 1. Statement of Financ 2. Ownership/Control 3. Both of the Above :	ial Solvency (HCFA-2572) Interest Disclosure Stmt (HCFA	A-1513)
22. ORIGINAL DATE OF PARTICIPATION 02/14/2002 (L24)	23. LTC AGREEME BEGINNING I (L41)		ENDING DATE (L25)	IT	26. TERMINATION ACTION: VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimburseme	INVOLUNT 05-Fail to M	L30) FARY eet Health/Safety eet Agreement
25. LTC EXTENSION DATE: 27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)					03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	OTHER 07-Provider 00-Active	Status Change
28. TERMINATION DATE:	(L28)	. INTERMEDIARY/CA		(L31)	30. REMARKS		
31. RO RECEIPT OF CMS-1539							